

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	ARTHROSCOPIC TISSUE SCAFFOLD DELIVERY DEVICE
Attorney Docket Number::	022956-0239
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	2
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Keith
Middle Name::	M.
Family Name::	Orr
City of Residence::	Boston
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	7 Dwight Street, Unit #5
City of mailing address::	Boston
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02118

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eric
Family Name:: Hyman
City of Residence:: Ashland
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 332 Main Street
City of mailing address:: Ashland
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01721

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Francois
Family Name:: Binette
City of Residence:: Weymouth
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 45 Sherricks Farm Road
City of mailing address:: Weymouth
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02188

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ian

Middle Name:: D.
Family Name:: McRury
City of Residence:: Medway
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 47 Oakland Street
City of mailing address:: Medway
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02053

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steve
Family Name:: Lepke
City of Residence:: Wakefield
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 2 Wicker Lane
City of mailing address:: Wakefield
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01880

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ash
Family Name:: Perkins
City of Residence:: Natick
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 14 Fisher Street

City of mailing address:: Natick
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01760

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Julia
Family Name:: Hwang
City of Residence:: Wayland
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 15 Rice Spring Lane
City of mailing address:: Wayland
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01778

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

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